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It contains (1) current information regarding the prevalence and geographic distribution of communicable diseases in the United States, insofar as data are obtainable, and of cholera, plague, smallpox, typhus fever, yellow fever, and other important communicable diseases throughout the world; (2) articles relating to the cause, prevention, and control of disease; (3) other pertinent information regarding sanitation and the conservation of the public health.

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PREVALENCE OF COMMUNICABLE DISEASES IN THE UNITED STATES

December 4-31, 1938

The accompanying table summarizes the prevalence of eight important communicable diseases, based on weekly telegraphic reports from State health departments. The reports from each State are published in the PUBLIC HEALTH REPORTS under the section "Prevalence of disease." The table gives the number of cases of these diseases for the 4-week period ending December 31, the number reported for the corresponding period in 1937, and the median number for the years 1933-37.

DISEASES ABOVE MEDIAN PREVALENCE

Influenza.—The influenza incidence remained slightly above the seasonal average. For the 4 weeks ending December 31 the number of cases totaled 7,736, as compared with 7,481, 7,985, and 5,536 for the corresponding period in 1937, 1936, and 1935, respectively. The disease was most prevalent in the South Atlantic, West South Central, and Mountain regions, but the number of cases was not large in any region and so far this winter there has been no indication of an epidemic of this disease. The Middle Atlantic, East North Central, and Pacific regions reported a relatively low incidence, and the New England, West North Central, and East South Central regions reported about the 1933-37 average incidence. For the year 1938 the number of reported cases, about 56,000, was the lowest in the 10 years for which these data are available.

Smallpox.—The number of cases (719) of smallpox was approximately 50 percent of the number reported for the corresponding period in 1937, but it was about 10 percent above the 1933-37 average incidence for this period. The number of cases was relatively high in the East North Central and West South Central regions; about normal in the West North Central and Mountain regions, and low in the South Atlantic, East South Central, and Pacific regions, while the North Atlantic regions apparently remained free from the disease.

Since 1934 the number of cases of this disease has increased every year, and the 14,355 cases reported for the year 1938 is the highest incidence recorded in 7 years. The high incidence has been confined mostly to the Western and Central regions of the country, the Atlantic Coast regions reporting a very low incidence in recent years.

DISEASES BELOW MEDIAN PREVALENCE

Diphtheria.—The number of cases of diphtheria reported for the 4 weeks ending December 31 was 2,788, as compared with 2,551, 3,031, and 3,861 for the corresponding period in 1937, 1936, and 1935, respectively. While the current incidence was about 10 percent above that for last year, it was approximately 30 percent below the average incidence of the preceding 5 years. Each section except the West North Central and East South Central reported an increase of cases over the corresponding period in 1937, but only the Mountain and Pacific regions reported an increase over the 1933-37 average incidence. The steady decline of diphtheria that has been in progress since 1931 was apparently interrupted during 1938, the total number of cases for the year being approximately 30,000 as compared with about 28,000 in 1937.

Measles.—The number of cases of measles (18,196) reported for the current period was only about 55 percent of the number (32,813) reported for the corresponding period in 1937, and was about 10 percent below the 1933-37 median figure. The disease was, however, unusually prevalent in the Mountain and Pacific regions and was considerably above the seasonal expectancy in the West North Central region. In the New England, South Atlantic, and East South Central regions the incidence was relatively low. During the early part of the current year measles was unusually prevalent in all sections of the country except the New England. For the entire year there were approximately 800,000 cases of measles reported—the highest recorded incidence of this disease in the 10 years for which these data are available.

Meningococcus meningitis.—The incidence of meningococcus meningitis remained at a very low level, the number of cases (158) reported for the four weeks ending December 31 being only about 50 percent of the number reported for the corresponding period in 1937, which number (317) also represents the average incidence for this period. The number of cases (19) reported from the Mountain region was about two and one-half times the average incidence in that region, but in all other regions the incidence was comparatively low. During the entire year this disease has maintained a relatively low level. In 1932, 1933, and 1934, three other years of low incidence within the past ten years, the numbers of cases totaled 3,024, 2,839, and 2,303, respectively, as compared with 2,823 cases for the current year.

Scarlet fever.—The number of cases (15,128) of scarlet fever represented a decrease of approximately 20 percent from the average seasonal incidence. A few more cases than might be normally expected were reported from the South Central region, but in all other regions the incidence was considerably below the 1933–37 average incidence. The number of cases reported for the entire year (approximately 186,000 cases) is the lowest recorded since 1930, when a total of approximately 165,000 cases was reported.

Typhoid fever.—The incidence of typhoid fever (516 cases) was about 30 percent below the 1933–37 average incidence for this period. Each section of the country shared in the present favorable situation regarding this disease. The average number of cases for this period during the years 1929–37, inclusive, was approximately 900, which indicates the current low incidence. The number of cases reported for the year, approximately 14,000, is the lowest recorded in the 10 years for which these data are available.

Poliomyelitis.—For the four weeks ending December 31 there were 76 cases of poliomyelitis reported, as compared with 134, 201, and 232 for the corresponding period in 1937, 1936, and 1935, respectively. During the current year the incidence of poliomyelitis has been the lowest in the 10 years for which these data are available, and perhaps the lowest on record. For the entire year the number of cases totaled approximately 1,700. The nearest approach to this figure is 2,745 cases reported in 1929 and 3,874 cases in 1932, the only other years within the past 10 years that this disease has not appeared in epidemic-like form in some section of the country. In 1931 the most severe epidemic of recent years occurred and the number of cases totaled approximately 16,000, while in the less severe epidemics the cases ranged from approximately 4,500 to 11,000 for the year.

MORTALITY, ALL CAUSES

The average mortality rate from all causes in large cities for the 4 weeks ending December 31, based on data received from the Bureau of the Census, was 11.9 per 1,000 inhabitants (annual basis). The current rate is the lowest since 1931, when the rate for this period was 11.4. The average rate for the years 1933–37 was 12.2, while the rate for this period in 1932 was 13.3. The low death rate during the current year has, no doubt, been due to the absence throughout the year of an epidemic of any kind, particularly influenza.

BASAL METABOLISM TESTS ON DISTURBED PATIENTS

By C. K. HIMMELSBACH, *Passed Assistant Surgeon*, and OTHILIA T. MERTES,
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It is difficult and sometimes impossible to obtain valid basal metabolic rates on patients who are physically and nervously upset. The narcotic addict undergoing withdrawal is restless, irritable, nervous, and apprehensive, in addition to being physically ill. Two of the major complaints encountered in our studies of basal metabolism on such patients are the tedium of lying flat on the back and the tendency of the mouthpiece to induce salivation and nausea.

In an effort to gain better cooperation and thereby possibly improve the validity of these tests, we considered it desirable to take these complaints into consideration and compare basal metabolism tests obtained on patients in the prone and supine positions, and with a mask as well as with the mouthpiece and nose clip attachment.

METHODS

After carrying out several preliminary tests for the purpose of acquainting the patients with the procedure, basal metabolism determinations were made during the last few days of addiction, and at two-day intervals for two weeks after withdrawal. Over this period a considerable range of metabolic activity was encountered in each patient.

All tests were carried out on patients in the post-absorptive state, between the hours of 8 and 9 a. m., and after at least 45 minutes of observed rest. A Benedict-Roth apparatus was used in all tests. The efficiency of the soda lime was tested daily. Check tests were made in every instance, and the lower of the determinations was used unless there was a discrepancy sufficient to invalidate the tests.

In studying the influence of position, tests were performed with the patients first in either the prone or the supine position; then they were slowly and gently turned to the reverse position, and 10 minutes later the second tests were made. The mouthpiece and nose clip method of attachment was used in all of these tests.

In the tests made to compare the mouthpiece and nose clip with the mask method of attachment, the patients were always in the supine position. Tests by both methods of attachment to the apparatus were carried out without a rest interval between tests, the only variable being in the order of attachments. The face masks used in these tests were plastic, hood sizes No. 820 or No. 821 (McKesson Appliance Co.), depending upon the size and shape of the patient's face.

RESULTS

Some patients preferred the prone to the supine position, and some patients preferred the mouthpiece and nose clip to the mask method of attachment. However, neither position nor method of attachment was found to have significantly affected the patients' cooperation as a whole; their chief objection when nervously and physically upset is to the procedure itself.

Although tests performed on patients in the prone position give tracings with a more regular alinement of the respiratory excursions, the basal metabolic rate is higher in the prone than in the supine position.

When tests were carried out first in the prone, then in the supine position, the basal metabolic rate dropped 2 percent. An analysis of the data given in table 1 indicates that this change is not statistically significant.

TABLE 1.—*Effect of position on basal metabolic rate*

(First prone (a) then supine (b). Mouthpiece and nose clip method of attachment)

Number of tests: 71. Number of subjects: 17

	(a) Prone	(b) Supine
Mean.....percent.....	0	-2
Range.....percent.....	-21 to +37	-21 to +36
Standard deviation.....	13.67	10.90
Standard error.....	1.62	1.30
Standard error difference.....	2.078	
Mean difference.....	2.0	
Critical ratio.....	0.962	

When tests were performed first in the supine, then in the prone position, the basal metabolic rate increased 5 percent. An analysis of the data in table 2 indicates that this change is statistically significant.

TABLE 2.—*Effect of position on basal metabolic rate*

(First supine (b) then prone (a). Mouthpiece and nose clip method of attachment)

Number of tests: 75. Number of subjects: 13

	(b) Supine	(a) Prone
Mean.....percent.....	-2	+3
Range.....percent.....	-23 to +24	-23 to +29
Standard deviation.....	8.38	10.95
Standard error.....	.97	1.26
Standard error difference.....	1.589	
Mean difference.....	5.0	
Critical ratio.....	3.147	

When tests were done first with the mask, then with mouthpiece and nose clip, the basal metabolic rate dropped 3 percent. An analysis

of the data in table 3 indicates that this change is not statistically significant.

TABLE 3.—*Effect of method of attachment on basal metabolic rate*

(First mask (a) then mouthpiece and nose clip (b))

(SUPINE POSITION)

Number of tests: 26. Number of subjects: 14

	(a) Mask	(b) Mouthpiece and nose clip
Mean.....percent.....	-5	-8
Range.....percent.....	-26 to +16	-23 to +15
Standard deviation.....	8.08	7.61
Standard error.....	1.58	1.49
Standard error difference.....		2.172
Mean difference.....		3.0
Critical ratio.....		1.381

When patients were attached to the apparatus first with mouthpiece and nose clip, then with the mask, the basal metabolic rate increased 2 percent. An analysis of the data in table 4 shows that this change is not statistically significant.

TABLE 4.—*Effect of method of attachment on basal metabolic rate*

(Mouthpiece and nose clip (b) then mask (a))

(SUPINE POSITION)

Number of tests: 11. Number of subjects: 6

	(b) Mouthpiece and nose clip	(a) Mask
Mean.....percent.....	-3	-1
Range.....percent.....	-14 to +10	-23 to +9
Standard deviation.....	9.36	7.51
Standard error.....	2.82	2.26
Standard error difference.....		3.613
Mean difference.....		2.0
Critical ratio.....		0.553

DISCUSSION

It would seem that the respiratory activity of an individual entails greater effort in the prone position than in the supine position, and that the increased effort is sufficient to reflect itself in his oxygen consumption. This is thought to result from the lifting effect of inspiration in the prone position, which is absent or greatly diminished in the supine position.

It would seem that the increased oxygen consumption encountered when using the mask method of attachment resulted from slight outward leakage around the edges of the mask during expiration rather than from any mechanical necessity for greater respiratory effort.

CONCLUSION

Neither the prone position nor the face mask is of value in facilitating basal metabolism testing of nervously and physically disturbed patients. Both methods yield higher results than the standard method, and the patients' real objection is to the procedure itself and not to the standard position or the standard method of attachment to the apparatus.

DO CASE RECORDS GUIDE THE NURSING SERVICE?¹

By MAYHEW DERRYBERRY, *Senior Public Health Statistician, United States Public Health Service*

The keeping of extensive records of performance is considered to be essential by modern public health administrators. This documentation of activities has increased in importance as health departments have expanded their programs, increased their personnel, and consequently added more and more cases to their rosters of patients handled. Modern administrators of health work quite generally agree that if they are to carry on programs of any complexity they must have a system of recording the condition of patients and the services rendered them.

To meet the needs of these administrators, detailed forms have been worked out and more or less standardized, one of the most important of which, the individual case record, is utilized in the present analysis. As its name implies, this record is a report on the individual served by the health department. It gives his age, color, sex, and other identifying data, the conditions involved in the nursing visit, and a brief summary of the call. Such a record is now considered so essential a part of public health work that many administrators have ruled that nursing visits will not be counted unless they have been entered on individual case records.

Chief among the purposes which these records are said to serve is that of a guide to the nurse in planning her future visits to individuals. The usual practice in most departments which emphasize the use of these records is for the nurse to consult the file of active cases in making up her list of daily calls. On doing so she may find on a case record the statement that Mrs. R., a prenatal case, is negligent about drinking what is considered sufficient milk. On another card it appears that a pregnant woman in another household neglects several of the items that come within the scope of the nurse's work. It does seem reasonable that with this type of record before her the nurse

¹ From the Division of Public Health Methods, National Institute of Health. This is the eighteenth in a series of papers presenting an analysis of the procedures followed in county health departments, and the eighth paper dealing with nursing activities. Grateful acknowledgment is made to Miss Pearl Melver and Miss Helen Bean who supervised the collection of the data and assisted in the preliminary planning of the study. Particular recognition is due Miss Georgie Brockett who prepared all the tabular material.

would select the cases where previous observations had shown a greater need for her services.

An analysis has been made of case records to determine whether they actually are of such assistance to the nurse. The inquiry was focused on determining what recorded information influences nurses to revisit their cases. Specifically, answers to the following questions were sought: Does the data entered on the records of those cases visited more than once differ from the entries made for individuals to whom the nurses rendered only one service? Is a greater need shown in the entries for those revisited than for those visited only once? Also, is the recorded information for those revisited within a short interval different from the data on the records of those revisited over long periods?

The data presented in this paper apply to two county health departments,² and consist of a tabulation of the case records kept by the nurses of these two departments over a period of one year.

In county C the study staff introduced at the beginning of the study a set of forms patterned after those proposed by the Records Committee of the National Organization for Public Health Nursing and later incorporated in the volume on records by Walker and Randolph (5). In county B the forms already in use were amended to supply the extra information needed to make the data comparable for the two counties. Each nurse entered her judgment of the different items on the records in code, using 0 for satisfactory and 1, 2, and 3 as slightly, moderately, and markedly unsatisfactory; X indicated that the case needed medical attention and — denoted that no information was obtained.

A nurse from the study staff explained to the field nurses the purpose of the records and the method of keeping them, and discussed the subsequent use of the recorded data in the nursing program. Thereafter no attempt was made to supervise the record keeping. Each nurse was left to her own devices. The study conditions thus obtained are essentially the same as may be found generally among rural health organizations.

A clerk from the United States Public Health Service was assigned to each health department to make identical copies of the records kept by individual workers for the year covered by the study. These copies constitute the basic data from which the conclusions presented in this paper were obtained.

In seeking to determine the extent to which entries on the records influence nurses in their selection of cases for follow-up, comparisons of the records of those persons visited only once by the nurse and of those receiving multiple visits were made. In tables 1 and 2 are presented comparisons in terms of the identifying data. The question

² A description of the characteristics of the counties, the method of record keeping followed by the nurses, and other factors that may have bearing on the data herein, such as case load, number of nurses, and distance traveled are given in references 1, 2, 3, and 4.

here involved is whether such factors as age, sex, race, and economic status influence the nurses in selecting their cases for home visits. The data show that these factors apparently are associated with the distribution of visits.

TABLE 1.—Number and percentage of cases served according to number of visits received and identifying characteristics of the case

Identifying characteristics of case served	Cases served							
	Number				Percent			
	County B		County C		County B		County C	
	With 1 visit ¹	With 2 or more visits	With 1 visit	With 2 or more visits	With 1 visit	With 2 or more visits	With 1 visit	With 2 or more visits
Total.....	1, 127	544	1, 568	3, 007	67.4	32.6	34.3	65.7
Sex:								
Male.....	496	184	747	1, 396	44.0	33.8	47.6	46.4
Female.....	631	360	821	1, 611	56.0	66.2	52.4	53.6
Race:								
White.....	491	315	1, 446	2, 778	43.6	57.9	92.2	92.4
Negro.....	636	229	122	229	56.4	42.1	7.8	7.6
Economic status: ¹								
Comfortable and moderate.....	277	73	675	1, 148	24.7	13.4	43.3	38.3
Poor and very poor.....	843	470	895	1, 848	75.3	86.6	56.7	61.7
Average size of family ²	7.0	7.6	6.7	6.7				

¹ 7 cases with 1 visit and 1 case with 2 or more visits were omitted in county B because of unknown economic status. 8 cases with 1 visit and 11 cases with 2 or more visits were omitted in county C because of unknown economic status.

² When the basis is the "individual," the mean family size is 6.5 in county B and 6.0 in county C as shown by Bean and Brockett (5). When the basis is the "case," the mean family size is slightly higher because of a greater number of cases in larger families.

It will be seen from table 1 that the nurses in both counties were more likely to revisit persons in the lower economic brackets than those in the higher; this is particularly noticeable in county B. Allocating return calls on such a basis is, of course, commendable, since nursing visits should be made where the need is greatest.

The data for county B show that the nurses paid return visits more frequently to females than to males, and more frequently to white than to Negro patients. It cannot be asserted arbitrarily that this was a conscious policy, but neither can the circumstance be set aside as due to chance alone since the differences are statistically reliable.³

³ The reliability of the differences was determined by using the standard formula:

$$\text{Critical ratio} = \frac{p_1 - p_2}{\sqrt{pq/N}}$$

and a value of 3.0 or greater was necessary before a difference was considered reliable.

The operation of this formula may be illustrated as follows:

Let p_1 = proportion of females visited more than once.

p_2 = proportion of males visited more than once.

p = proportion of all cases visited more than once.

q = $1.00 - p$, or proportion of all cases visited only once.

N = total number of cases visited.

Substituting the actual values from table 1:

$$\text{Critical ratio} = \frac{0.662 - 0.333}{\sqrt{\frac{(0.593)(0.407)}{1671}}} = 8.5$$

Since the value of 8.5 is greater than 3.0, this difference is considered a reliable or significant difference.

Maternity cases account in part for the difference as regards sex, but not entirely, since even with these cases omitted the data show a higher frequency of visits to females than to males. In county C no particular differences are discernible in frequency of visits on the basis of sex or color.

The age of the patients appears to be related to the rendering of more intensive service. In county B the nurses revisited only 33 percent of their total cases, but made return calls to about 50 percent of the infants who were less than one month old at the time of the first visit. Likewise, in county C the nurses revisited about 66 percent of their total patients and about 75 percent of the very young infants. In general, the nurses were more likely to make but a single visit to older infants and preschool children. In county B there was a higher average of return visits to those patients over six years of age than to the patients as a whole. This may be partially accounted for by the policy followed in this county of repeating visits to tuberculosis patients and their contacts, most of whom are in the older age groups.

TABLE 2.—Number and percentage of cases served according to number of visits received and age group

Age group	Cases served							
	Number				Percent			
	County B		County C		County B		County C	
	With 1 visit	With 2 or more visits	With 1 visit	With 2 or more visits	With 1 visit	With 2 or more visits	With 1 visit	With 2 or more visits
Total.....	1, 126	1, 543	1, 564	2, 993	167.5	132.5	34.3	65.7
Less than 1 month.....	41	43	23	79	48.8	51.2	22.5	77.5
1-5 months.....	188	53	99	80	78.0	22.0	52.7	47.3
6-11 months.....	45	11	64	67	80.4	19.6	48.9	51.1
1-5 years.....	462	94	487	823	83.1	16.9	37.2	62.8
6-15 years.....	152	125	727	1, 002	54.9	45.1	31.2	68.8
16 years and over ⁴	238	217	164	333	52.3	47.7	33.0	67.0

¹ 1 case of unknown age omitted.

² 4 cases of unknown age omitted.

³ 14 cases of unknown age omitted.

⁴ All cases served for maternity appear in the 16-year-and-over group.

According to the data presented in tables 1 and 2, the age, sex, race, and economic status of patients have some association with the amount of service they will receive from the nurses. The basic determinants in a nursing program, however, are generally conceived to be those conditions more immediately involved in nursing care than are such characteristics as age, sex, and race. One would not expect a nurse to visit a house because the occupant was a woman and for no other reason, nor because the person was white or colored. She might, of course, make the visit because of an infant so young that

his very youthfulness constituted a condition that demanded the supervision of a nurse. In theory, at least, the prime motivating factor in public health nursing service is the condition of the person visited, involving actual ill health or perhaps just a precariousness of existence, with race, sex, age, and economic status being but accessory factors.

If the condition of the person is the prime influence, and if the nurses are guided by their appraisal of the condition in choosing their cases for follow-up work, then one would expect to find for those revisited many more unsatisfactory conditions recorded than are registered for the case visited only once.

In table 3 it will be seen that such appraisal was not the habit among the nurses of these two health departments, at least for the 12 months of activity covered by these data. Approximately the same average number of unsatisfactory conditions prevailed among those cases where the nurse called once as among those where she returned for one or more follow-up calls. This was true for all services except preschool health supervision in county B, where a significantly⁴ greater number of unsatisfactory conditions was recorded for the patients on whom the nurse made more than one call. It seems rather unusual, however, that the nurses should tend to follow up unsatisfactory conditions in their preschool health supervisory work, while in choosing cases for the other services they should make no such discriminations. Perhaps there exists some explanation of this, but none was apparent in the data, either during the process of collection or of analysis. On the whole, it must be concluded that when the nurse made the notation "unsatisfactory" on the record, it did not necessarily mean that this was a lead for her to use in selecting cases for follow-up work.

TABLE 3.—*Number of cases served and average number of conditions considered unsatisfactory on first visit according to number of visits and type of case*

Type of case	Number of cases served				Average number of conditions unsatisfactory on first visit			
	County B		County C		County B		County C	
	With 1 visit	With 2 or more visits	With 1 visit	With 2 or more visits	With 1 visit	With 2 or more visits	With 1 visit	With 2 or more visits
Health supervision:								
Infant.....	272	107	140	187	4.2	4.0	3.4	3.1
Preschool.....	443	69	15	27	5.1	6.5	4.2	4.6
School and adult.....	90	42	73	210	1.0	1.0	1.1	.7
Maternity:								
Antepartum.....	53	68	36	67	5.4	5.3	5.0	5.5
Postpartum.....	96	33	33	49	1.0	1.2	1.4	1.3
Tuberculosis.....	87	182	10	32	1.0	.9	3.0	2.5
Communicable disease.....	¹ 79	43	¹ 1,244	2,435	.4	.7	.8	1.1

¹ 7 cases given first service during the last month of the study year omitted.

² 17 cases given first service during the last month of the study year omitted.

⁴ The criterion of significance described in footnote 3 also applies here.

It might be mentioned that the rating of "unsatisfactory" as herein used has to do with situations that come within the nurse's field of operation as a public health nurse. For all patients it covers rest, elimination, diet, and other items important to the type of case being served. On the records of infants, such additional items as feeding interval and habit training were included. For communicable disease patients, isolation was added. Still further items were included for tuberculous patients, namely night sweats, coughs, and sputum disposal.

It is possible, of course, that the degree to which a condition was unsatisfactory would make a difference, and that the nurses might disregard the minor deviations to concentrate on the more serious conditions. This possibility did not, upon investigation, prove to be a reality in the home visits which furnished the data for this study. Analysis of the data with only the very serious conditions counted still reveals a lack of association between unfavorable comment by the nurse and selection of cases for return visits. The preschool health supervision for county B did not stand out in this analysis as a pronounced exception, so that the lack of correlation is characteristic of all the services.

The comparison was carried further and made between the extreme groups, those visited but once and those receiving four or more visits, since any influence exerted by unsatisfactory conditions should be more apparent the more a nurse felt impelled to revisit the case. But, as may be seen in table 4, the data again fail to attribute any special degree of influence to those conditions which the nurse recorded as unsatisfactory. Apparently when the nurse retraced her steps three times or more, she was not necessarily influenced by the unsatisfactory conditions which she had recorded on her first visit.

TABLE 4.—Cases served and average number of conditions considered unsatisfactory on first visit according to a specific number of visits and type of case

Type of case	Cases with a specific number of visits				Average number of conditions unsatisfactory on first visit			
	County B		County C		County B		County C	
	With 1 visit	With 4 or more visits	With 1 visit	With 4 or more visits	With 1 visit	With 4 or more visits	With 1 visit	With 4 or more visits
Health supervision:								
Infant.....	272	22	140	75	4.2	4.0	3.4	2.9
Preschool.....	443	7	15	12	5.1	5.7	4.2	3.7
School.....	71	1	51	87	1.0	0	1.0	.4
Adult.....	19	1	22	41	.9	0	1.4	1.2
Maternity:								
Antepartum.....	53	23	36	32	5.4	6.0	5.0	7.5
Postpartum.....	96	8	33	9	1.0	.9	1.4	2.0
Tuberculosis.....	87	89	10	23	1.0	.8	3.0	2.5
Communicable disease.....	179	13	1,244	142	.4	1.0	.8	1.2

¹7 cases served first during the last month of the study year were excluded.

²17 cases served first during the last month of the study year were excluded.

The only consistent trend appearing in the percentage of unsatisfactory conditions revisited is among the antepartum cases. The average number of unfavorable conditions is somewhat larger among those receiving four or more visits than it is among those attended only once, but the difference is not statistically significant. Furthermore, a more detailed tabulation than that presented here shows that the average number of unsatisfactory conditions among antepartum cases receiving one and two return visits show no consistent upward trend. The average number of observations recorded as unsatisfactory for those receiving one, two, three, and four visits, is 5.4, 4.6, 5.4, and 6.0, respectively, for county B, and 5.0, 3.7, 3.6, and 7.5 for county C.

Another factor that should be taken into account in evaluating the distribution of follow-up work is the interval between visits. Here again unsatisfactory conditions might be expected to show their influence. A number of serious conditions, it might reasonably be hazarded, would lead the nurse to return very soon. Hence a patient receiving a second call within a short time would probably have more unfavorable conditions than would one revisited after a longer interval. The data have been examined on this point and the results presented in table 5. Return visits have been tabulated according to those made in less than one month and those made at periods longer than a month.

TABLE 5.—Number of cases revisited and average number of conditions considered unsatisfactory on first visit according to interval before second visit and type of case

Type of case	Number of cases revisited				Average number of conditions unsatisfactory on first visit			
	County B		County C		County B		County C	
	In less than 1 month	1 month or over	In less than 1 month	1 month or over	Revisited in less than 1 month	Revisited in 1 month or over	Revisited in less than 1 month	Revisited in 1 month or over
Health supervision:								
Infant.....	35	72	113	74	3.6	4.1	3.1	3.2
Preschool.....	18	51	16	11	5.4	6.8	5.4	3.4
School and adult.....	18	24	175	35	.7	1.3	.7	.3
Maternity:								
Antepartum.....	44	24	56	11	5.6	4.6	5.6	5.1
Postpartum.....	16	17	40	9	1.1	1.4	1.4	.8
Tuberculosis.....	68	114	27	5	1.0	.9	2.3	3.8
Communicable disease.....	42	1	2,373	62	.7	1.0	1.1	1.2

None of the differences revealed are greater than might occur by chance. The larger differences occur in the antepartum cases in

both counties and in the preschool cases of county C. Those patients revisited in less than a month are recorded as having a larger number of unsatisfactory conditions than those revisited at a longer interval. The other services reveal even less difference. The data presented in table 5, then, offer little to prove the definite influence of recorded unsatisfactory conditions on the nurse's subsequent visits to a patient.

So far, the data lead one to conclude that the total number of unsatisfactory conditions recorded by the nurses has no close association with the processes of selecting cases for return visits.

It may be argued, however, that it is not the number, but the importance, of conditions that should influence nurses in choosing cases for return visits. Consider, for example, a tuberculosis patient who is recalcitrant about disposing of his sputum in such a way that others will not be endangered. That single item might well outweigh several minor derelictions by another tuberculosis victim who lives in comparative isolation. A nurse forced to choose between the two would more commendably pick the former than the latter.

If the selection does follow this course, and the nurse is influenced first by the nature of the condition, then the inquiry should turn on specific unsatisfactory items and the relative frequency with which they appear among cases chosen for revisit or among those not chosen. If the nurses tend to follow up an unsatisfactory condition of sputum disposal more zealously than that of elimination, they would include in their revisits all or nearly all of the unfavorable conditions in regard to the former, but would visit only once most of the cases with unsatisfactory conditions in regard to the latter. Under such conditions the cases revisited would have sputum disposal marked "unsatisfactory" more frequently than would the cases visited only once, while no such distinction would appear for elimination.

Following this method of reasoning a statistical analysis was made of each of the more than 90 items which the nurses graded on one record form or another.⁵ The full detailed tabulations are too long for presentation here. Instead, the items in which the occurrence of unsatisfactory recordings was significantly greater in either the group visited only once or the group revisited are listed below. In the first two columns of the list appear those items that were unsatisfactory more frequently in the revisited group. In the last two columns appear the items more frequently unsatisfactory in the group receiving one visit only.

⁵ See footnote 3 for statistical method of determining the significance of items.

Items that appear significantly associated with patients receiving—

More than 1 visit		1 visit	
County B	County C	County B	County C

INFANT HEALTH SUPERVISION

Umbilicus. Skin and scalp. Eyes. Nose, throat. Water.	Sleep nights.	Sun baths. Toilet training. Thumb sucking. Cod liver oil.	Toilet training. Eating between meals. Eggs, meat.
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PRESCHOOL HEALTH SUPERVISION

Eyes. Teeth. Rest—day. Sleep—night. Sun baths. Regular stools. Toilet training. Bathing. Eating between meals. Feeding interval. Water. Cereal. Eggs, meat. Cod liver oil.	(¹)	(¹)	Cod liver oil.
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SCHOOL HEALTH SUPERVISION

Elimination. Mental attitude.	(¹)	(¹)	Elimination. Mental attitude. Diet. Rest. Teeth.
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ADULT HEALTH SUPERVISION

(¹)	(¹)	(¹)	Mental attitude.
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ANTEPARTUM MATERNITY

(¹)	Medical examination.	Nausea. Sleep, rest.	(¹)
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POSTPARTUM MATERNITY

Sun, air.	(¹)	Postpartum medical examination.	(¹)
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TUBERCULOSIS

Mental attitude.	Night sweats.	(¹)	Mental attitude.
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COMMUNICABLE DISEASE

Isolation.	Isolation.	(¹)	Elimination.
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¹ No items were significantly associated with patients receiving 1 visit or more than 1 visit.

Theoretically, at least, the items listed on the different types of records are important conditions for observation and service. If the nurses uniformly accepted them as important in their follow-up work, then practically all would appear as unsatisfactory more often in the revisited group than in the group visited only once. It is hardly conceivable that any items should be unsatisfactory more frequently in the group visited only once. Yet it will be seen from these lists that the number of items in the last two columns surprisingly approaches the number in the first two. In county C the former does actually surpass the latter.

Moreover, in only two of the items that appear in the list do the nurses of the two counties show signs of a common influence in selecting cases for follow-up work. One of these is isolation of communicable disease patients which apparently influenced the nurses in both counties to revisit the case. It would be quite out of keeping with tradition if this were not so. The control of communicable disease is one of the oldest duties of health departments, and the principle of quarantine and isolation is an integral part of public health procedure.

Another common entry for the two counties, but on the opposite sides of the ledger, is toilet training in infant health supervision. Evidently the nurses were not influenced to return to homes where the efforts of the parents to establish this habit had been unsuccessful.

No other common entries for the two counties are shown by these data. In their selection of patients for revisits, the nurses, so far as can be ascertained from the records they keep, are not activated by a common standard of necessity. They do not have a "must" list of conditions which are to be taken up again if they are found unsatisfactory on the first visit.

Further, there seems to be no consistent selection of cases for revisits within each county. An item recorded as unsatisfactory may be followed up for some persons and not for others. This is true for the notation cod liver oil in county B. It is adversely recorded more frequently among preschool cases revisited. But among infants it is entered as unsatisfactory more frequently among those cases where the nurse makes only one visit. In other words, the activities in regard to cod liver oil do not present a consistent trend that would permit the statement that the condition of this item undoubtedly influences the selection of patients for revisits. Nor do any consistent trends, aside from the one item of isolation of communicable disease patients, appear in the tabulation.

SUMMARY

A common argument for the use of case records is that they help the nurse in planning her return visits. The foregoing analysis of the records kept in two county health departments over a period of one year has attempted to measure the extent to which the nurses actually employ the records for that purpose.

The data do not bear out the assumption that the items now used on case records serve to remind the nurses of unsatisfactory conditions, and thereby influence them to return and try again. They show a certain correlation between the nurse's follow-up work and the common classification of population groups as to age, sex, and economic status. They do not show, however, any vital association between unsatisfactory conditions in regard to the items listed on the records and repeat visits by the nurses. In making their selection of cases for revisits, the nurses are apparently guided but little by their recorded adverse judgments on conditions which it is their business to observe, inquire into, and improve. The few unsatisfactory items that do appear to influence the nurses are by no means commensurate with the amount of time spent on recording the details of each case.

This analysis leads to the conclusion that the time spent in making entries of the type studied in this paper is largely wasted insofar as any influence of these case records over the follow-up work of the nurse is concerned.

The fact that the records are not the guides they are supposed to be is not presented as condemning the practice of record keeping. The study does indicate that the alleged value of records is missed by those who are supposed not only to make them out, but to consult them regularly for information on what to do next. The data analyzed in this study do not permit an experimental determination of the type of record that would most effectively guide the activities of the nurse, but it is hoped that the material presented will provoke further consideration of the scheme of record keeping so that the theoretical value of such records may be converted into actual gains.

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THE GENERA *DERMACENTOR* AND *OCTOCENTOR* IN THE UNITED STATES

In 1906 Ricketts demonstrated that Rocky Mountain spotted fever was transmitted by a species of tick of the genus *Dermacentor*; and since that date, ticks infected in nature have been found and it has been shown that several species of that genus transmit the infection.

Because of the importance of ticks in the transmission of Rocky Mountain spotted fever and other diseases to man, entomologists of the United States Public Health Service Rocky Mountain laboratory, at Hamilton, Mont., have been engaged for several years in the study of the prevalence and characteristics of *Dermacentor* and other genera and in 1938 they discovered new species of the genus *Ixodes*, descriptions of which have been published in the Public Health Reports.

Based on information obtained in these studies, the United States Public Health Service has recently issued a monographic revision of a systematic report on the genus *Dermacentor* in the United States.¹ Seven species are recognized, viz, *variabilis*, *andersoni*, *halli*, *occidentalis*, *hunteri*, *parumapertus*, and *albipictus*. *Parumapertus marginatus* is made synonymous with *parumapertus*, and *nigrolineatus* with *albipictus*. *D. nitens* is made the genotype of the new genus *Octocentor*. Two of the species, *andersoni* and *variabilis*, are among the more important human disease carriers of the United States.

The diagnostic characters are discussed in detail, and characteristics common to all the species are segregated in a separate section, thus making it possible to use abbreviated specific descriptions. Biometric measurements computed in percentages of other dimensions are included for possible usefulness. There are distribution maps for each species. Biologic data are omitted except for host lists of the larvae, nymphs, and adults. The successful hybridization of *occidentalis* and *andersoni* is recorded.

The results of an intensive study of the range of variation within specific limits are presented, and there are numerous illustrations showing the intraspecific range of color pattern and of the shape of the spiracular plates.

Emphasis is placed on the need for more accurate specific identification of ticks and the importance in relation thereto of thorough taxonomic studies made with an adequate appreciation of the importance of variations.

The males and females of each species are reproduced in color.

¹ The Genera *Dermacentor* and *Octocentor* (Ixodidae) in the United States, with Studies in Variation. By R. A. Cooley, Entomologist, Rocky Mountain Laboratory, U. S. Public Health Service, Hamilton, Mont., National Institute of Health Bulletin No. 171, pp. 1-83, text figures 1-8, plates I to XXX (including 9 colored plates.)

SUMMARY OF NATALITY AND MORTALITY DATA FOR THE UNITED STATES, 1937¹

The following table presents the final natality and mortality figures, by States, for the United States for 1937, together with the corresponding figures for 1936 for comparison. The rates are based on population estimates as of July 1 of each year.

Preliminary figures, published in the Public Health Reports for July 1, 1938 (pp. 1073-1074), did not include complete reports for Massachusetts and New York. The final figures, as published here, include the total number of deaths in each of the States, the estimated population, and the birth and death rates for the 2 years.

Summary of natality and mortality data for each State, 1936 and 1937

Area	Estimated population July 1		Total births		Total deaths		Rate per 1,000 estimated population			
							Births		Deaths	
	1937	1936	1937	1936	1937	1936	1937	1936	1937	1936
United States.....	129,257,000	128,429,000	2,203,337	2,144,700	1,450,427	1,479,228	17.0	16.7	11.2	11.5
Alabama.....	2,895,000	2,864,000	61,611	60,116	30,843	31,153	21.3	21.0	10.7	10.9
Arizona.....	412,000	406,000	10,494	9,545	6,919	6,551	25.5	23.5	16.8	16.1
Arkansas.....	2,048,000	2,023,000	35,236	33,520	18,364	18,465	17.2	16.6	9.0	9.1
California.....	6,154,000	6,059,000	94,230	84,502	80,256	76,094	15.3	13.9	13.0	12.6
Colorado.....	1,071,000	1,066,000	19,610	18,279	13,833	13,674	18.3	17.1	12.9	12.8
Connecticut.....	1,741,000	1,734,000	22,774	22,223	17,862	17,858	13.1	12.8	10.3	10.3
Delaware.....	261,000	259,000	4,355	3,922	3,290	3,317	16.7	15.1	12.6	12.8
District of Columbia.....	627,000	619,000	12,343	11,704	8,727	9,094	19.7	18.9	13.9	14.7
Florida.....	1,670,000	1,642,000	29,597	28,097	20,960	20,953	17.7	17.1	12.6	12.8
Georgia.....	3,085,000	3,060,000	64,061	61,658	34,446	37,263	20.8	20.1	11.2	12.2
Idaho.....	493,000	485,000	10,369	10,224	4,752	5,014	21.0	21.1	9.6	10.3
Illinois.....	7,878,000	7,845,000	115,282	112,167	87,739	92,806	14.6	14.3	11.1	11.8
Indiana.....	3,474,000	3,459,000	56,087	54,034	40,929	42,470	16.1	15.6	11.8	12.3
Iowa.....	2,552,000	2,543,000	42,105	42,715	26,485	28,432	16.5	16.8	10.4	11.2
Kansas.....	1,864,000	1,886,000	29,325	29,998	19,204	21,674	15.7	15.9	10.3	11.5
Kentucky.....	2,920,000	2,883,000	56,163	55,778	30,899	32,378	19.2	19.3	10.6	11.2
Louisiana.....	2,132,000	2,122,000	46,006	43,828	25,010	25,974	21.6	20.7	11.7	12.3
Maine.....	856,000	853,000	15,246	15,302	11,465	11,325	17.8	17.9	13.4	13.3
Maryland.....	1,679,000	1,674,000	27,739	26,588	22,083	21,960	16.5	15.9	13.2	13.1
Massachusetts.....	4,426,000	4,425,000	61,736	61,704	52,248	52,052	13.9	13.9	11.8	11.8
Michigan.....	4,830,000	4,783,000	91,639	88,427	53,472	54,781	19.0	18.5	11.1	11.5
Minnesota.....	2,652,000	2,635,000	48,036	47,576	26,905	28,630	18.1	18.1	10.1	10.9
Mississippi.....	2,023,000	2,008,000	52,095	49,446	33,856	34,128	25.8	24.6	11.8	12.0
Missouri.....	3,989,000	3,959,000	56,951	55,916	44,974	48,767	14.3	14.1	11.3	12.3
Montana.....	539,000	531,000	10,248	10,400	6,128	6,255	19.0	19.6	11.4	11.8
Nebraska.....	1,364,000	1,364,000	22,270	23,798	13,199	13,752	16.3	17.4	9.7	10.1
Nevada.....	101,000	100,000	1,742	1,419	1,322	1,439	17.2	14.2	13.1	14.4
New Hampshire.....	810,000	808,000	7,633	7,679	6,528	6,438	15.0	15.1	12.8	12.7
New Jersey.....	4,843,000	4,328,000	54,607	53,833	45,003	44,959	12.6	12.4	10.4	10.4
New Mexico.....	422,000	422,000	13,837	12,907	6,422	6,248	32.8	30.6	18.2	14.8
New York.....	12,959,000	12,935,000	185,502	182,469	153,772	153,545	14.3	14.1	11.9	11.9
North Carolina.....	3,492,000	3,457,000	79,080	76,182	33,981	35,630	22.6	22.0	9.7	10.3
North Dakota.....	706,000	703,000	12,637	13,671	5,440	5,654	17.9	19.3	7.7	8.0
Ohio.....	6,733,000	6,713,000	107,576	103,703	80,189	80,941	16.0	15.4	11.9	12.1
Oklahoma.....	2,548,000	2,528,000	41,456	41,815	21,313	23,250	16.3	16.5	8.4	9.2
Oregon.....	1,027,000	1,017,000	18,457	13,975	12,341	12,367	15.1	13.7	12.0	12.2
Pennsylvania.....	10,176,000	10,136,000	161,288	159,393	114,949	112,711	15.8	15.7	11.3	11.1
Rhode Island.....	681,000	681,000	10,240	10,186	8,334	8,126	15.0	15.0	12.2	11.9
South Carolina.....	1,875,000	1,860,000	40,643	39,292	20,540	21,426	21.7	21.1	11.0	11.5
South Dakota.....	692,000	692,000	11,908	12,879	5,959	6,157	17.2	18.6	8.6	8.9
Tennessee.....	2,893,000	2,864,000	51,938	50,571	30,232	32,522	18.0	17.7	10.5	11.4
Texas.....	6,172,000	6,117,000	116,057	111,602	65,448	65,803	18.8	18.2	10.6	10.8
Utah.....	519,000	516,000	12,693	12,551	4,989	6,126	24.5	24.3	9.6	9.9
Vermont.....	383,000	380,000	6,326	6,449	4,981	4,957	16.5	17.0	13.0	13.0
Virginia.....	2,706,000	2,671,000	51,950	51,247	31,119	32,202	19.2	19.2	11.5	12.1
Washington.....	1,658,000	1,643,000	25,036	23,376	19,094	19,356	15.1	14.2	11.5	11.8
West Virginia.....	1,865,000	1,830,000	42,240	40,853	19,190	19,908	22.6	22.3	10.3	10.9
Wisconsin.....	2,926,000	2,908,000	53,543	52,613	31,973	33,242	18.3	18.1	10.9	11.4
Wyoming.....	235,000	233,000	4,530	4,753	2,430	2,401	19.3	20.4	10.3	10.3

¹ Vital Statistics—Special Reports, vol. 7, No. 3, p. 6, Dec. 20, 1938, issued by the Bureau of the Census, Department of Commerce.

DEATHS AND DEATH RATES (PROVISIONAL) BY CAUSE, IN THE UNITED STATES, 1937, AND COMPARISON WITH 1935 AND 1936¹

In the following table are presented the numbers of deaths, by cause, and the death rates for 1937 with comparative data for 1936 and 1935. The 1937 data are provisional, but it is unlikely that there will be any material change in the final figures.

Probably the most important contributions to the slight decrease in the gross death rate in 1937 as compared with 1936 were reductions in mortality from tuberculosis, cerebral hemorrhage, pneumonia, and nephritis. The death rates for the common communicable diseases remained low, with the exception of influenza, which recorded an increase over both 1936 and 1935.

Number of deaths (exclusive of stillbirths) from selected causes, and death rates, United States, 1935-37

(Number and rate for 1937 are provisional)

Cause of death ¹	Number of death			Rate per 100,000 estimated population		
	1937	1936	1935	1937	1936	1935
Total deaths.....	1,450,427	1,479,228	1,392,752	1,122.1	1,151.8	1,092.2
Typhoid and paratyphoid fever (1, 2).....	2,743	3,182	3,531	2.1	2.5	2.8
Measles (7).....	1,501	1,267	3,907	1.2	1.0	3.1
Scarlet fever (8).....	1,824	2,493	2,718	1.4	1.9	2.1
Whooping cough (9).....	4,951	2,660	4,753	3.9	2.1	3.7
Diphtheria (10).....	2,637	3,065	3,901	2.0	2.4	3.1
Influenza (11).....	38,005	33,811	28,230	29.4	26.3	22.1
Dysentery (13).....	2,974	3,122	2,436	2.3	2.4	1.9
Erysipelas (15).....	1,246	2,006	2,106	1.0	1.6	1.7
Acute poliomyelitis and acute polioencephalitis (16).....	1,461	780	1,040	1.1	0.6	0.8
Epidemic cerebrospinal meningitis (18).....	2,208	3,020	2,657	1.7	2.4	2.1
Tuberculosis of the respiratory system (23).....	63,330	65,043	63,488	49.0	50.6	49.8
Tuberculosis (all other forms) (24-32).....	5,994	6,484	6,592	4.6	5.0	5.2
Syphilis (34).....	13,221	12,612	11,590	10.2	9.8	9.1
Malaria (38).....	2,729	3,943	4,435	2.1	3.1	3.5
Cancer of digestive tract and peritoneum (46).....	69,335	68,239	66,461	53.6	53.1	52.1
Cancer of uterus and other female genital organs (48, 49).....	19,981	19,833	19,198	15.5	15.4	15.1
Cancer of the breast (50).....	13,939	13,708	13,226	10.8	10.7	10.4
Cancer (all other forms) (45, 47, 51-53).....	41,519	40,833	38,764	32.1	31.8	30.4
Acute rheumatic fever (56).....	1,958	2,175	2,238	1.5	1.7	1.8
Chronic rheumatism, osteoarthritis (57).....	1,748	1,829	1,721	1.4	1.4	1.3
Diabetes mellitus (59).....	30,587	30,406	28,364	23.7	23.7	22.2
Pellagra (62).....	3,258	3,740	3,543	2.5	2.9	2.8
Alcoholism (acute or chronic) (75).....	3,305	3,714	3,349	2.6	2.9	2.6
Progressive locomotor ataxia (tabes dorsalis), general paralysis of insane (80, 83).....	5,055	5,453	5,530	3.9	4.2	4.3
Cerebral hemorrhage, cerebral embolism and thrombosis (82).....	111,753	116,562	109,058	86.5	90.8	85.5
Chronic rheumatic heart diseases (90a, 92c, 93e, 95c).....	7,454	-----	-----	5.8	-----	-----
Diseases of coronary arteries and angina pectoris (94).....	69,758	-----	-----	54.0	-----	-----
Heart diseases (all other forms) (90b, 91, 92a, b, 93a-d, 93a, b).....	269,189	341,350	312,333	208.3	265.8	244.9
Arteriosclerosis (except coronary), idiopathic anomalies of blood pressure (97, 102).....	23,059	23,893	22,327	17.8	18.6	17.5
Pneumonia (all forms) (107-109).....	110,009	119,378	104,395	85.1	93.0	81.9
Ulcer of stomach and duodenum (117).....	8,765	8,566	8,430	6.8	6.7	6.6
Diarrhea and enteritis (under 2 years) (119).....	14,406	15,612	13,204	11.1	12.2	10.4
Diarrhea and enteritis (2 years and over) (120).....	4,519	5,339	4,760	3.5	4.2	3.7

¹ Figures in parentheses are disease title numbers from the International List of the Causes of Death.

¹ Vital Statistics—Special Reports, vol. 7, No. 4, p. 7, Dec. 22, 1938, Bureau of the Census, Department of Commerce.

*Number of deaths (exclusive of stillbirths) from selected causes, and death rates,
United States, 1935-37—Continued*

Cause of death	Number of deaths			Rate per 100,000 estimated population		
	1937	1936	1935	1937	1936	1935
Appendicitis (121).....	15,340	16,480	16,142	11.9	12.8	12.7
Hernia, intestinal obstruction (122).....	13,111	13,433	13,161	10.1	10.5	10.3
Cirrhosis of the liver (124).....	10,960	10,587	10,083	8.5	8.2	7.9
Biliary calculi and other diseases of the gall-bladder and biliary passages (126, 127).....	8,636	8,863	8,577	6.7	6.9	6.7
Nephritis (130-132).....	102,877	106,865	103,516	79.6	83.2	81.2
Puerperal septicemia (140, 142a, 145).....	3,727	4,606	5,174	2.9	3.6	4.1
Puerperal albuminuria and eclampsia, other toxemias of pregnancy (146, 147).....	2,717	2,784	2,726	2.1	2.2	2.1
Other puerperal causes (141, 142b-144, 148-150).....	4,325	4,792	4,644	3.3	3.7	3.6
Congenital malformations (157).....	11,842	12,093	11,840	9.2	9.4	9.3
Suicide (163-171).....	19,294	18,294	18,214	14.9	14.2	14.3
Homicide (172-175).....	9,811	10,232	10,587	7.6	8.0	8.3
Automobile accidents (primary) (210).....	37,205	35,761	34,183	28.8	27.8	26.8
Other motor vehicle accidents (206, 208, 211).....	2,438	2,328	2,186	1.9	1.8	1.7
Other accidents (176-195, 201-205, 207, 209, 212-214).....	65,562	71,963	63,404	50.7	56.0	49.7
All other causes ²	188,131	196,023	190,030	145.5	152.6	149.0

² Refer to complete International List titles.

PRELIMINARY MORTALITY SUMMARY FOR LARGE CITIES, 1938

The number of deaths in 88 major cities during 1938 was 424,189, or 5.6 percent under the 1937 figure of 449,555, according to preliminary reports made public by the Bureau of the Census, Department of Commerce. The infant death rate in these cities was also lower last year than in 1937, the provisional rate for 1938 being given as 43 per 1,000 live births as compared with 47 per 1,000 live births in 1937.

The weekly death totals reported in these cities from January to July, inclusive, were consistently lower in 1938 than the average totals for the preceding 3 years. During the remainder of the year, however, the 1938 weekly totals closely approximated the averages of the preceding 3 years.

The more favorable mortality record of 1938 as compared with the average of the preceding 3 years is stated to be due, probably, to the smaller number of deaths from influenza and pneumonia during the winter and to the less extreme heat conditions during the summer.

The 27,147 infant deaths reported for 1938 represent a decrease of 1,598, or of 5.6 percent from the 28,745 reported for 1937.

In the comparison of death rates for different cities, certain considerations must not be overlooked. Primarily, the effect of differences in sex, age, and racial composition of different cities must be evaluated before valid comparisons can be made.

The figures given in this annual summary are compiled from weekly telegraphic reports received by the Bureau of the Census from depart-

ments of health of the cities listed. In most cases the provisional figures collected in this way agree closely with final figures compiled by the Bureau of the Census from transcripts of death certificates. In order to assist in the evaluation of the 1938 provisional data, provisional figures for 1937 are given along with final figures for 1937.

All mortality figures given in the accompanying table are tabulated on the basis of place of death, not place of residence. Deaths tabulated for any city, therefore, include many decedents not residents of that city, and exclude deaths of residents of the city occurring elsewhere.

Due to the impracticability of making accurate estimates of city populations, total death rates for the cities are not computed. Therefore, direct comparisons between cities are not possible.

Provisional number of deaths and infant mortality for a group of 88 large cities of the United States for the 52-week period from Jan. 2, 1938, to Dec. 31, 1938, and comparison with provisional and final figures for 1937

[From the Weekly Health Index, Bureau of the Census, Department of Commerce]

City	Number of deaths			Infant mortality					
	Provisional		Final 1937 ¹	Number			Rate		
	1938 ¹	1937 ¹		Provisional		Final 1937 ²	Provisional		Final 1937 ³ ⁴
				1938 ¹	1937 ¹		1938 ³	1937 ³	
Total (88 cities).....	424, 189	449, 555	451, 446	27, 147	28, 745	29, 896	43	47	49
Akron.....	2, 034	2, 245	2, 258	151	202	208	36	50	50
Albany.....	1, 780	1, 940	1, 945	107	135	138	44	54	55
Atlanta.....	4, 325	4, 464	4, 472	441	392	388	67	64	62
White.....	2, 374	2, 331	2, 348	254	207	206	57	52	51
Negro.....	1, 949	2, 131	2, 122	187	185	182	88	85	83
Other.....	2	2	2	0	0	0	0	0	0
Baltimore.....	11, 035	11, 793	11, 789	812	832	816	52	59	57
White.....	8, 471	8, 959	8, 962	530	525	512	44	49	47
Negro.....	2, 556	2, 822	2, 816	282	307	304	80	93	91
Other.....	8	12	11	0	0	0			
Birmingham.....	3, 690	3, 784	3, 862	402	369	384	73	74	76
White.....	1, 821	1, 905	1, 928	198	200	196	59	66	64
Negro.....	1, 868	1, 877	1, 932	204	169	188	94	86	94
Other.....	1	2	2	0	0	0			
Boston.....	10, 739	11, 552	11, 644	722	802	815	45	50	51
Bridgeport.....	1, 603	1, 672	1, 654	105	105	104	37	41	40
Buffalo.....	7, 127	7, 715	7, 692	568	524	532	55	53	54
Cambridge.....	1, 382	1, 438	1, 449	82	114	118	38	44	56
Camden.....	1, 606	1, 720	1, 722	163	165	170	50	53	53
Canton.....	1, 133	1, 238	1, 237	113	95	98	45	44	47
Chicago.....	34, 901	36, 217	37, 150	1, 738	1, 820	1, 897	34	37	38
Cincinnati.....	6, 677	7, 397	7, 406	414	476	473	46	59	56
Cleveland.....	9, 560	10, 297	10, 355	552	609	648	35	41	44
Columbus.....	4, 245	4, 487	4, 457	234	250	263	41	53	49
Dallas.....	3, 257	3, 458	3, 457	310	336	349	55	59	62
White.....	2, 436	2, 569	2, 572	234	252	257	50	56	55
Negro.....	821	889	884	76	84	92	83	87	100
Other.....	0	0	1	0	0	0			
Dayton.....	2, 596	2, 933	2, 915	215	216	219	46	49	52
Denver.....	4, 313	4, 725	4, 763	296	356	385	47	59	64
Des Moines.....	1, 658	1, 709	1, 897	91	133	184	29	41	59
Detroit.....	12, 601	14, 182	14, 217	1, 155	1, 184	1, 194	40	43	43
Duluth.....	1, 202	1, 215	1, 219	67	55	62	35	29	34

¹ Based upon telegraphic reports received each week from city health officers.

² Calendar year; tabulation of transcripts received from State registrars' offices.

³ The provisional infant mortality rate is computed from deaths under 1 year as reported each week, per 1,000 estimated live births for 1937 and 1938, respectively.

⁴ Calendar year; the final infant mortality rate is the number of deaths under 1 year of age per 1,000 live births.

Provisional number of deaths and infant mortality for a group of 88 large cities of the United States for the 52-week period from Jan. 2, 1938, to Dec. 31, 1938, and comparison with provisional and final figures for 1937—Continued

City	Number of deaths			Infant mortality					
	Provisional		Final 1937	Number			Rate		
	1938	1937		Provisional		Final 1937	Provisional		Final 1937
				1938	1937		1938	1937	
El Paso.....	1,384	1,496	1,506	239	275	280	87	105	107
Erie.....	1,398	1,582	1,469	83	109	125	30	45	53
Evansville.....	1,273	1,344	1,381	123	120	121	63	69	64
Fall River.....	1,565	1,591	1,587	102	84	86	52	41	44
Flint.....	1,269	1,405	1,404	190	176	183	52	49	48
Fort Wayne.....	1,300	1,307	1,294	72	78	75	34	37	36
Fort Worth.....	1,905	1,944	1,954	161	163	177	49	55	58
White.....	1,557	1,538	1,548	130	126	138	49	50	52
Negro.....	347	406	406	31	37	39	70	86	94
Other.....	1	0	0	0	0	0			
Grand Rapids.....	1,672	1,803	1,799	142	138	140	47	47	48
Hartford.....	2,110	2,162	2,209	129	115	133	31	46	33
Houston.....	4,137	4,334	4,299	404	403	407	52	58	60
White.....	2,893	3,031	3,002	280	283	286	43	50	52
Negro.....	1,243	1,302	1,295	124	120	121	89	93	97
Other.....	1	1	2	0	0	0			
Indianapolis.....	5,325	5,637	5,467	389	407	428	56	65	67
White.....	4,517	4,759	4,607	325	334	348	53	61	62
Negro.....	807	876	858	64	73	80	78	95	101
Other.....	1	2	2	0	0	0			0
Jersey City.....	3,507	3,614	3,609	244	229	228	56	53	34
Kansas City, Kans.....	1,524	1,715	1,723	89	98	118	52	47	52
White.....	1,224	1,344	1,351	75	78	95	47	43	48
Negro.....	300	370	371	14	20	23	52	71	75
Other.....	0	1	1	0	0	0	0	0	
Kansas City, Mo.....	5,126	5,336	5,316	292	304	305	46	53	51
Knoxville.....	1,442	1,514	1,526	195	157	150	85	70	68
White.....	1,181	1,196	1,220	169	129	128	80	63	63
Negro.....	261	318	306	26	28	22	135	137	119
Long Beach.....	1,634	1,693	1,697	73	74	79	25	27	29
Los Angeles.....	16,809	17,965	17,917	882	1,002	1,011	43	53	52
Louisville.....	3,642	4,318	4,787	220	161	314	39	30	56
White.....	2,746	3,254	3,745	173	139	270	35	29	55
Negro.....	896	1,063	1,042	47	22	44	67	37	63
Other.....	0	1	0	0	0	0	0	0	0
Lowell.....	1,429	1,469	1,429	86	98	98	43	49	59
Lynn.....	1,044	1,065	1,076	38	37	43	23	27	33
Memphis.....	4,187	4,421	4,485	397	360	383	72	69	74
White.....	2,230	2,319	2,368	219	202	214	65	64	68
Negro.....	1,953	2,100	2,116	178	158	169	85	77	82
Other.....	4	2	1	0	0	0	0	0	
Miami.....	1,672	1,851	1,766	111	124	135	45	51	57
White.....	1,243	1,356	1,280	75	83	89	40	44	49
Negro.....	425	490	478	36	41	46	62	71	83
Other.....	4	5	8	0	0	0	0	0	
Milwaukee.....	5,177	5,570	5,557	398	391	388	38	39	39
Minneapolis.....	5,081	5,172	5,271	265	279	319	31	34	39
Nashville.....	2,698	2,679	2,688	259	235	233	72	68	66
White.....	1,088	1,683	1,702	184	168	167	71	64	62
Negro.....	1,010	996	986	75	67	66	76	79	80
New Bedford.....	1,243	1,266	1,275	81	77	79	48	45	46
New Haven.....	1,984	2,081	2,112	48	69	110	21	33	35
New Orleans.....	8,033	8,005	8,044	808	749	750	77	79	78
White.....	4,872	4,892	4,903	437	379	367	64	66	63
Negro.....	3,161	3,113	3,136	371	370	382	101	97	103
Other.....	0	0	5	0	0	1	0	0	
New York.....	73,634	77,135	77,206	3,897	4,449	4,431	38	44	44
Bronx Borough.....	11,338	12,011	12,008	494	645	629	33	41	40
Brooklyn Borough.....	25,128	26,004	26,095	1,507	1,673	1,676	37	42	42
Manhattan Borough.....	26,054	27,730	27,752	1,350	1,597	1,596	41	50	50
Queens Borough.....	8,829	8,975	8,987	446	421	416	39	38	37
Richmond Borough.....	2,285	2,415	2,414	100	113	114	42	46	47
Newark, N. J.....	4,936	5,038	5,067	296	267	279	37	35	37
Norfolk.....	1,338	1,467	1,690	115	144	151	47		67
White.....	731	759	899	48	59	66	32		47
Negro.....	606	708	788	67	85	85	73		102
Other.....	1	0	3	0	0	0			
Oakland.....	3,608	3,636	3,642	238	221	222	45	46	45
Oklahoma City.....	2,203	2,308	2,270	177	192	232	41	50	59
Omaha.....	2,762	2,925	2,812	158	172	165	34	44	39
Paterson.....	1,704	1,743	1,757	90	91	95	32	35	37

Provisional number of deaths and infant mortality for a group of 88 large cities of the United States for the 52-week period from Jan. 2, 1938, to Dec. 31, 1938, and comparison with provisional and final figures for 1937—Continued

City	Number of deaths			Infant mortality					
	Provisional		Final 1937	Number			Rate		
	1938	1937		Provisional		Final 1937	Provisional		Final 1937
				1938	1937		1938	1937	
Peoria.....	1,466	1,568	1,580	130	179	191	48	66	70
Philadelphia.....	24,193	25,186	25,232	1,239	1,350	1,365	40	45	45
Pittsburgh.....	8,138	9,358	9,395	625	700	703	43	52	52
Portland, Oreg.....	4,001	4,305	4,323	149	174	172	29	36	36
Providence.....	3,254	3,456	3,465	220	256	256	39	47	48
Richmond.....	2,751	2,824	2,859	257	222	240	73	66	69
White.....	1,656	1,688	1,713	128	106	115	52	47	50
Negro.....	1,095	1,136	1,145	129	116	124	122	105	107
Other.....	0	0	1	0	0	0	0	0	0
Rochester.....	3,558	3,731	3,742	192	166	166	36	32	32
St. Louis.....	10,681	11,601	11,537	417	463	698	30	34	31
St. Paul.....	2,932	2,982	3,060	136	136	188	25	25	35
Salt Lake City.....	1,769	1,894	1,900	177	132	146	45	36	40
San Antonio.....	3,318	3,578	3,674	524	604	623	82	102	105
White.....	3,052	3,285	3,374	506	578	598	83	102	105
Negro.....	259	290	295	18	26	24	71	114	103
Other.....	7	3	5	0	0	1	0	0	0
San Diego.....	2,435	2,556	2,561	152	112	118	39	32	34
San Francisco.....	8,533	9,244	9,275	225	246	267	26	31	32
Schenectady.....	973	1,054	1,051	51	66	71	34	47	51
Seattle.....	4,878	4,801	4,824	207	207	208	36	40	38
Somerville.....	965	895	898	54	46	47	45	38	39
South Bend.....	862	925	944	58	65	69	35	39	41
Spokane.....	1,609	1,705	1,714	101	81	94	39	34	39
Springfield, Mass.....	1,768	1,875	1,880	102	102	106	36	39	41
Syracuse.....	2,502	2,675	2,689	177	157	158	44	42	42
Tacoma.....	1,441	1,567	1,587	60	58	61	27	29	30
Tampa.....	1,166	1,269	1,251	72	94	102	40	56	59
White.....	820	918	907	42	71	75	29	52	53
Negro.....	346	343	344	30	23	27	90	73	85
Other.....	0	8	0	0	0	0	0	0	0
Toledo.....	3,510	3,828	3,854	223	261	262	44	52	53
Trenton.....	1,773	1,885	1,701	120	115	112	45	46	45
Utica.....	1,373	1,394	1,454	69	93	91	37	50	49
Washington, D. C.....	7,944	8,704	8,727	618	746	751	48	61	61
White.....	5,121	5,448	5,456	326	342	340	37	41	41
Negro.....	2,801	3,241	3,251	292	403	410	70	102	101
Other.....	22	15	20	0	1	1	25	40	40
Waterbury.....	953	941	1,105	65	74	97	42	37	47
Wichita.....	1,339	1,564	1,126	69	116	95	28	43	43
Wilmington, Del.....	1,468	1,590	1,524	108	122	123	40	49	49
Worcester.....	2,547	2,705	2,723	124	155	163	35	45	46
Yonkers.....	1,164	1,241	1,268	62	71	74	37	43	40
Youngstown.....	1,706	1,862	1,872	135	158	161	38	49	48

DEATHS DURING WEEK ENDED DECEMBER 31, 1938

[From the Weekly Health Index, issued by the Bureau of the Census, Department of Commerce]

	Week ended Dec. 31, 1938	Correspond- ing week, 1937
Data from 88 large cities of the United States:		
Total deaths.....	9,171	9,456
Average for 3 prior years.....	8,740	8,740
Total deaths, 52 weeks of year.....	424,189	440,555
Deaths under 1 year of age.....	479	588
Average for 3 prior years.....	517	517
Deaths under 1 year of age, 52 weeks of year.....	27,147	28,745
Data from industrial insurance companies:		
Policies in force.....	68,321,330	69,942,678
Number of death claims.....	10,406	12,854
Death claims per 1,000 policies in force, annual rate.....	7.9	9.6
Death claims per 1,000 policies, 52 weeks of year, annual rate.....	9.2	9.7

¹ Data for 86 cities.

PREVALENCE OF DISEASE

No health department, State or local, can effectively prevent or control disease without knowledge of when, where, and under what conditions cases are occurring

UNITED STATES

CURRENT WEEKLY STATE REPORTS

These reports are preliminary, and the figures are subject to change when later returns are received by the State health officers.

In these and the following tables, a zero (0) indicates a positive report and has the same significance as any other figure, while leaders (.....) represent no report, with the implication that cases or deaths may have occurred but were not reported to the State health officer.

Cases of certain diseases reported by telegraph by State health officers for the week ended January 7, 1939, rates per 100,000 population (annual basis), and comparison with corresponding week of 1938 and 5-year median

Division and State	Diphtheria				Influenza				Measles			
	Jan. 7, 1939, rate	Jan. 7, 1939, cases	Jan. 8, 1938, cases	1934-38, median	Jan. 7, 1939, rate	Jan. 7, 1939, cases	Jan. 8, 1938, cases	1934-38, median	Jan. 7, 1939, rate	Jan. 7, 1939, cases	Jan. 8, 1938, cases	1934-38, median
NEW ENG.												
Maine.....	24	4	2	2	6	1	13	18	30	5	74	74
New Hampshire.....	0	0	0	0	.....	.....	.....	.....	10	1	42	24
Vermont.....	0	0	1	0	.....	.....	.....	.....	174	13	237	64
Massachusetts.....	12	10	5	11	.....	.....	.....	.....	417	354	115	241
Rhode Island.....	0	0	0	1	.....	.....	.....	.....	8	1	0	11
Connecticut.....	6	2	7	4	30	10	14	31	425	143	17	93
MID. ATL.												
New York.....	10	26	24	42	130	144	123	126	406	1,014	294	543
New Jersey.....	29	24	17	22	17	14	22	22	29	24	1,028	39
Pennsylvania.....	22	43	37	68	.....	.....	.....	.....	38	75	2,633	501
E. NO. CEN.												
Ohio.....	48	62	23	33	.....	.....	7	10	28	36	594	103
Indiana.....	61	41	38	38	18	12	22	56	16	11	200	166
Illinois.....	34	52	48	48	12	18	22	22	30	45	2,627	141
Michigan ¹	5	5	19	13	.....	.....	.....	.....	200	189	320	22
Wisconsin.....	4	2	4	7	109	62	28	42	632	359	390	163
W. NO. CEN.												
Minnesota.....	6	3	5	5	.....	.....	1	1	1,207	622	7	64
Iowa.....	18	9	4	8	.....	.....	2	2	262	129	51	51
Missouri.....	17	13	42	42	90	70	113	150	9	7	1,212	161
North Dakota.....	29	4	2	2	249	34	5	5	2,204	301	31	31
South Dakota.....	53	7	12	0	45	6	1	1	2,931	389	0	5
Nebraska.....	31	8	2	5	.....	.....	10	10	149	39	8	33
Kansas.....	28	10	12	12	45	16	10	10	25	9	101	31
SO. ATL.												
Delaware.....	39	2	0	4	.....	.....	.....	.....	59	3	6	7
Maryland ¹	6	2	19	11	12	4	15	37	772	250	11	26
Dist. of Col. ²	57	7	6	8	16	2	2	4	24	3	14	14
Virginia.....	69	37	19	34	852	454	.....	.....	113	60	199	199
West Virginia.....	30	11	18	18	57	21	65	81	38	14	361	28
North Carolina ⁴	48	33	43	43	4	3	24	28	464	317	831	604
South Carolina ⁴	38	14	2	5	2,498	909	533	720	14	5	168	16
Georgia ⁴	27	16	17	13	221	133	.....	.....	101	61	246	.....
Florida.....	15	5	13	13	3	1	4	5	211	70	132	3

See footnotes at end of table.

Cases of certain diseases reported by telegraph by State health officers for the week ended January 7, 1939, rates per 100,000 population (annual basis), and comparison with corresponding week of 1938 and 5-year median—Continued

Division and State	Diphtheria				Influenza				Measles			
	Jan. 7, 1939, rate	Jan. 7, 1939, cases	Jan. 8, 1938, cases	1934-38, median	Jan. 7, 1939, rate	Jan. 7, 1939, cases	Jan. 8, 1938, cases	1934-38, median	Jan. 7, 1939, rate	Jan. 7, 1939, cases	Jan. 8, 1938, cases	1934-38, median
E. SO. CEN.												
Kentucky.....	24	14	13	19	97	56	69	13	104	60	262	199
Tennessee.....	18	10	17	17	64	36	147	147	12	7	361	11
Alabama.....	21	12	12	23	279	158	377	250	81	46	77	77
Mississippi.....	15	6	11	12	-----	-----	-----	-----	-----	-----	-----	-----
W. SO. CEN.												
Arkansas.....	35	14	8	12	450	181	92	87	109	44	49	5
Louisiana.....	27	11	13	13	17	7	42	20	153	63	3	11
Oklahoma.....	36	18	19	16	447	222	87	93	351	174	7	7
Texas.....	28	34	66	76	408	492	427	423	41	50	51	88
MOUNTAIN												
Montana.....	28	3	4	1	47	5	-----	17	2,706	288	8	8
Idaho.....	51	5	0	0	41	4	3	1	645	63	9	11
Wyoming.....	0	0	1	1	-----	-----	-----	-----	305	14	4	4
Colorado.....	77	16	12	9	101	21	-----	-----	207	43	174	8
New Mexico.....	62	5	4	4	25	2	2	2	62	5	57	19
Arizona.....	98	8	9	5	1,697	138	106	106	25	2	6	8
Utah.....	0	0	12	0	70	7	-----	-----	159	16	48	48
PACIFIC												
Washington.....	0	0	5	2	-----	-----	-----	-----	562	182	17	44
Oregon.....	0	0	2	2	354	71	56	56	90	18	23	23
California.....	25	31	45	40	34	41	78	78	859	1,046	43	126
Total.....	25	639	694	700	154	3,255	2,423	2,423	270	6,670	13,148	8,578
Division and State	Meningitis, meningococcus				Poliomyelitis				Scarlet fever			
	Jan. 7, 1939, rate	Jan. 7, 1939, cases	Jan. 8, 1938, cases	1934-38, median	Jan. 7, 1939, rate	Jan. 7, 1939, cases	Jan. 8, 1938, cases	1934-38, median	Jan. 7, 1939, rate	Jan. 7, 1939, cases	Jan. 8, 1938, cases	1934-38, median
NEW ENG.												
Maine.....	0	0	0	0	0	0	0	0	67	11	26	22
New Hampshire.....	0	0	0	0	0	0	0	0	152	15	20	7
Vermont.....	0	0	0	0	0	0	0	0	67	5	15	15
Massachusetts.....	1.2	1	2	1	1.2	1	0	0	167	142	240	228
Rhode Island.....	0	0	0	0	0	0	0	0	46	6	26	24
Connecticut.....	0	0	2	2	0	0	0	0	116	39	78	63
MID. ATL.												
New York.....	2.4	6	5	5	0	0	1	2	145	361	549	549
New Jersey.....	0	0	6	3	0	0	0	2	155	130	117	121
Pennsylvania.....	1	2	1	3	0	0	0	0	143	281	248	528
E. NO. CEN.												
Ohio.....	3	4	5	3	0.8	1	2	0	494	642	318	372
Indiana.....	6	4	1	2	0	0	0	0	384	258	190	175
Illinois.....	1.3	2	3	9	2	3	1	1	251	383	658	521
Michigan.....	0	0	2	2	0	0	0	0	263	248	331	194
Wisconsin.....	0	0	1	1	0	0	0	0	331	188	181	274
W. NO. CEN.												
Minnesota.....	0	0	1	1	2	1	1	0	173	89	132	131
Iowa.....	0	0	4	3	0	0	0	0	191	94	193	100
Missouri.....	1.3	1	0	1	0	0	0	0	191	148	224	134
North Dakota.....	0	0	0	0	0	0	0	0	205	28	26	27
South Dakota.....	0	0	0	0	0	0	0	0	219	29	31	45
Nebraska.....	4	1	2	0	11	3	1	0	187	49	38	38
Kansas.....	6	2	5	1	2.8	1	0	0	554	198	201	143

See footnotes at end of table.

Cases of certain diseases reported by telegraph by State health officers for the week ended January 7, 1939, rates per 100,000 population (annual basis), and comparison with corresponding week of 1938 and 5-year median—Continued

Division and State	Meningitis, meningococcus				Poliomyelitis				Scarlet fever			
	Jan. 7, 1939, rate	Jan. 7, 1939, cases	Jan. 8, 1938, cases	1934-38, median	Jan. 7, 1939, rate	Jan. 7, 1939, cases	Jan. 8, 1938, cases	1934-38, median	Jan. 7, 1939, rate	Jan. 7, 1939, cases	Jan. 8, 1938, cases	1934-38, median
SO. ATL.												
Delaware.....	0	0	0	0	0	0	0	0	275	14	21	19
Maryland.....	3	1	3	3	0	0	0	0	90	29	54	81
Dist. of Col. ³	8	1	1	1	0	0	0	0	89	11	20	18
Virginia.....	4	2	5	4	0	0	0	0	101	54	34	58
West Virginia.....	0	0	0	2	0	0	0	0	162	60	75	75
North Carolina ⁴	2.9	2	0	2	0	0	2	0	76	52	58	58
South Carolina ⁴	16	6	1	1	0	0	0	0	68	25	3	10
Georgia ⁴	0	0	0	2	5	3	1	0	30	18	18	9
Florida.....	9	3	4	0	0	0	0	0	21	7	9	9
E. SO. CEN.												
Kentucky.....	3	2	7	7	1.7	1	0	0	136	78	72	72
Tennessee.....	5	3	6	4	0	0	1	1	67	38	50	50
Alabama ⁴	5	3	8	3	0	0	0	0	25	14	14	19
Mississippi ⁴	2.6	1	3	1	0	0	0	0	41	16	13	13
W. SO. CEN.												
Arkansas.....	5	2	1	1	0	0	1	0	50	20	13	13
Louisiana.....	7	3	5	1	0	0	1	1	56	23	10	15
Oklahoma.....	2	1	1	2	0	0	2	0	95	47	101	39
Texas ⁴	0	0	1	2	0.8	1	1	0	61	73	95	79
MOUNTAIN												
Montana.....	0	0	0	1	0	0	0	0	197	21	37	35
Idaho.....	0	0	0	0	0	0	1	0	143	14	25	25
Wyoming.....	0	0	0	0	0	0	0	0	196	9	28	18
Colorado.....	0	0	1	1	0	0	0	0	260	54	33	58
New Mexico.....	25	2	1	1	0	0	0	0	124	10	16	24
Arizona.....	0	0	2	2	0	0	1	0	0	0	10	15
Utah ⁴	0	0	2	0	0	0	0	0	258	26	77	61
PACIFIC												
Washington.....	0	0	0	0	0	0	0	0	182	50	48	49
Oregon.....	0	0	1	0	5	1	1	0	543	109	41	51
California.....	4	5	2	2	0	0	2	3	192	234	207	207
Total.....	2.4	60	95	95	0.6	16	20	21	178	4,459	5,024	5,167
Division and State	Smallpox				Typhoid and paratyphoid fever				Whooping cough			
	Jan. 7, 1939, rate	Jan. 7, 1939, cases	Jan. 8, 1938, cases	1934-38, median	Jan. 7, 1939, rate	Jan. 7, 1939, cases	Jan. 8, 1938, cases	1934-38, median	Jan. 7, 1939, rate	Jan. 7, 1939, cases	Jan. 8, 1938, cases	
NEW ENG.												
Maine.....	0	0	0	0	0	0	1	1	219	36	131	
New Hampshire.....	0	0	0	0	0	0	0	0	20	2	6	
Vermont.....	0	0	0	0	0	0	0	0	777	58	50	
Massachusetts.....	0	0	0	0	0	0	2	2	292	248	180	
Rhode Island.....	0	0	0	0	0	0	0	0	299	39	36	
Connecticut.....	0	0	0	0	0	0	2	1	279	94	49	
MID. ATL.												
New York.....	0	0	0	0	2	4	4	5	237	590	349	
New Jersey.....	0	0	0	0	8	7	1	2	566	475	215	
Pennsylvania.....	0	0	0	0	4	7	6	11	109	215	200	

See footnotes at end of table.

Cases of certain diseases reported by telegraph by State health officers for the week ended January 7, 1939, rates per 100,000 population (annual basis), and comparison with corresponding week of 1938 and 5-year median—Continued

Division and State	Smallpox				Typhoid and paratyphoid fever				Whooping cough		
	Jan. 7, 1939, rate	Jan. 7, 1939, cases	Jan. 8, 1938, cases	1934-38, median	Jan. 7, 1939, rate	Jan. 7, 1939, cases	Jan. 8, 1938, cases	1934-38, median	Jan. 7, 1939, rate	Jan. 7, 1939, cases	Jan. 8, 1938, cases
E. NO. CEN.											
Ohio.....	18	24	6	2	3	4	1	2	219	285	42
Indiana.....	76	51	34	7	1	1	1	1	46	31	23
Illinois.....	12	18	32	5	1	2	1	4	275	419	104
Michigan ¹	3	3	0	0	0	0	2	2	106	100	99
Wisconsin.....	18	10	1	11	0	0	2	0	368	209	121
W. NO. CEN.											
Minnesota.....	17	9	61	5	0	0	0	1	68	35	66
Iowa.....	32	16	55	7	8	4	0	0	12	6	32
Missouri.....	14	11	38	12	3	2	2	2	13	10	48
North Dakota.....	59	8	8	5	7	1	0	0	168	23	25
South Dakota.....	105	14	5	3	0	0	0	0	23	3	19
Nebraska.....	42	11	1	6	0	0	2	2	46	12	16
Kansas.....	20	7	19	11	3	1	2	1	64	23	104
SO. ATL.											
Delaware.....	0	0	0	0	39	2	0	0	118	6	8
Maryland ¹	0	0	0	0	6	2	4	4	108	35	55
Dist. of Col. ²	0	0	0	0	0	0	0	0	170	21	17
Virginia.....	0	0	0	0	19	10	2	9	152	81	118
West Virginia.....	0	0	1	0	5	2	7	2	48	18	72
North Carolina ³	0	0	0	0	1	1	7	5	262	179	328
South Carolina ⁴	0	0	0	0	11	4	4	4	186	68	65
Georgia ⁴	2	1	0	0	3	2	3	3	32	19	9
Florida.....	0	0	5	0	3	1	2	1	27	9	2
E. SO. CEN.											
Kentucky.....	10	6	64	0	9	5	1	5	16	19	90
Tennessee.....	2	1	7	0	0	0	1	3	14	8	29
Alabama ⁴	0	0	2	0	0	0	3	3	25	14	22
Mississippi ^{1,4}	0	0	1	1	10	4	0	1			
W. SO. CEN.											
Arkansas.....	5	2	9	1	0	0	1	2	55	22	22
Louisiana.....	2	1	0	0	27	11	4	7	17	7	
Oklahoma.....	54	27	9	0	2	1	4	3	26	13	14
Texas ⁴	1	1	0	3	10	12	22	20	53	64	140
MOUNTAIN											
Montana.....	38	4	13	13	10	1	1	0	47	5	67
Idaho.....	123	12	12	0	0	0	3	1	41	4	32
Wyoming.....	0	0	5	4	0	0	0	0	65	3	14
Colorado.....	29	6	12	3	10	2	1	1	236	49	10
New Mexico.....	0	0	0	0	0	0	3	4	49	4	19
Arizona.....	98	8	0	0	25	2	4	1	221	18	19
Utah ¹	0	0	0	0	0	0	0	0	119	12	20
PACIFIC											
Washington.....	34	11	23	6	3	1	1	1	93	30	134
Oregon.....	25	5	11	8	0	0	3	2	40	8	10
California.....	20	24	25	12	2	2	13	8	54	66	390
Total.....	12	291	459	175	4	98	123	123	150	3,695	3,627

¹ New York City only.

² Period ended earlier than Saturday.

³ Rocky Mountain spotted fever, week ended Jan. 7, 1939, District of Columbia, 1 case.

⁴ Typhus fever, week ended Jan. 7, 1939, 47 cases as follows: North Carolina, 2; South Carolina, 9; Georgia, 16; Alabama, 2; Mississippi, 2; Texas, 16.

SUMMARY OF MONTHLY REPORTS FROM STATES

The following summary of cases reported monthly by States is published weekly and covers only those States from which reports are received during the current week.

State	Menin- gitis, menin- gococ- cus	Diph- theria	Influ- enza	Ma- laria	Mea- sles	Pel- lagra	Polio- mye- litis	Scarlet fever	Small- pox	Ty- phoid and paraty- phoid fever
<i>November 1938</i>										
Alaska.....	0	2	6	-----	-----	-----	0	1	0	0
Oregon.....	3	9	45	-----	38	-----	1	172	13	7
Virginia.....	3	307	462	6	75	9	1	200	0	12
<i>December 1938</i>										
Delaware.....	0	2	-----	-----	5	-----	0	43	0	1
Pennsylvania.....	11	192	-----	1	277	1	2	1,222	0	32

<i>November 1938</i>		<i>November 1938</i>		<i>December 1938</i>	
Chickenpox:	Cases	Rocky Mountain spotted fever—Continued.	Cases	Delaware:	Cases
Alaska.....	11	Virginia.....	1	Chickenpox.....	59
Oregon.....	319	Scabies:		German measles.....	2
Virginia.....	153	Oregon.....	70	Mumps.....	36
Dysentery:		Septic sore throat:		Septic sore throat.....	2
Oregon.....	1	Alaska.....	1	Undulant fever.....	3
Virginia (amoebic).....	1	Oregon.....	2	Whooping cough.....	17
Virginia (bacillary).....	47	Virginia.....	116	Pennsylvania:	
Encephalitis, epidemic or lethargic:		Trachoma:		Chickenpox.....	4,604
Virginia.....	1	Virginia.....	4	Dysentery (bacillary).....	3
Impetigo contagiosa:		Tularaemia:		Encephalitis, epidemic or lethargic.....	3
Alaska.....	6	Virginia.....	12	German measles.....	52
Oregon.....	150	Typhus fever:		Mumps.....	2,240
Jaundice, infectious:		Virginia.....	2	Ophthalmia neonata- torum.....	6
Oregon.....	10	Undulant fever:		Tularaemia.....	24
Mumps:		Virginia.....	1	Typhus fever.....	1
Alaska.....	1	Vincent's infection:		Undulant fever.....	9
Oregon.....	67	Alaska.....	1	Whooping cough.....	1,670
Virginia.....	72	Oregon.....	24		
Rabies in animals:		Whooping cough:			
Oregon.....	7	Alaska.....	51		
Rocky Mountain spotted fever:		Oregon.....	33		
Oregon.....	1	Virginia.....	128		

DIPHTHERIA IN JUNEAU, ALASKA

Senior Surg. T. F. Worley, of the Public Health Service, detailed to the Office of Indian Affairs, under date of January 9 reported 6 cases of diphtheria among white persons in Juneau, Alaska, 5 of which occurred in 1 family. Dr. Worley believed that there was no cause for alarm as the schools were closed, and most of the school and pre-school children had been immunized.

PLAGUE INFECTION IN FLEAS FROM GROUND SQUIRRELS IN SAN BENITO AND SANTA CLARA COUNTIES, CALIF.

Under date of Jan. 4, 1939, Dr. W. M. Dickie, Director of Public Health of California, reported plague infection proved, by animal inoculation, in a pool of 75 fleas from 21 *beecheyi* squirrels, submitted to the laboratory on Dec. 3, 1938, taken on a ranch 16 miles southeast of Gilroy, Santa Clara County, Calif., and in another pool of 135

fleas from 10 *beecheyi* squirrels, submitted to the laboratory on Dec. 22, 1938, from a ranch 4 miles north and 9 miles east of Hollister, San Benito County, Calif.

WEEKLY REPORTS FROM CITIES

City reports for week ended December 31, 1938

This table summarizes the reports received weekly from a selected list of 140 cities for the purpose of showing a cross section of the current urban incidence of the communicable diseases listed in the table.

State and city	Diph- theria cases	Influenza		Meas- les cases	Pneu- monia deaths	Scar- let fever cases	Small- pox cases	Tuber- culosis deaths	Ty- phoid fever cases	Whoop- ing cough cases	Deaths, all causes
		Cases	Deaths								
Data for 90 cities: 5-year average.....	214	639	112	1,674	950	1,498	24	372	27	1,011	-----
Current week ¹	140	144	54	1,479	701	1,085	17	313	17	1,120	-----
Maine:											
Portland.....	0	-----	0	0	3	0	0	0	0	1	21
New Hampshire:											
Concord.....	0	-----	0	0	5	0	0	0	0	0	16
Manchester.....	0	-----	0	0	1	1	0	0	0	0	11
Nashua.....	0	-----	0	0	1	0	0	0	0	0	12
Vermont:											
Barre.....	0	-----	0	0	0	1	0	0	0	1	2
Burlington.....	0	-----	0	0	0	0	0	0	0	0	10
Rutland.....	0	-----	0	0	1	0	0	0	0	0	6
Massachusetts:											
Boston.....	3	-----	0	46	8	54	0	7	0	38	217
Fall River.....	0	-----	0	0	1	0	0	2	0	0	32
Springfield.....	0	-----	0	14	1	3	0	0	0	0	33
Worcester.....	3	-----	0	0	10	5	0	2	0	15	61
Rhode Island:											
Pawtucket.....	0	-----	0	0	0	2	0	0	0	0	11
Providence.....	0	1	0	0	6	6	0	4	0	20	80
Connecticut:											
Bridgeport.....	1	-----	0	1	3	0	0	2	0	4	30
Hartford.....	0	1	0	4	6	1	0	0	0	11	39
New Haven.....	0	1	0	5	2	1	0	1	0	4	54
New York:											
Buffalo.....	2	-----	0	30	10	28	0	3	0	0	145
New York.....	32	12	4	39	107	121	0	74	4	145	1,596
Rochester.....	0	-----	0	16	6	15	0	0	0	10	72
Syracuse.....	0	-----	0	3	2	4	0	1	0	26	67
New Jersey:											
Camden.....	1	4	0	0	6	2	0	0	0	0	32
Newark.....	0	-----	2	5	7	25	0	3	0	54	116
Trenton.....	0	1	0	0	4	6	0	3	0	2	37
Pennsylvania:											
Philadelphia.....	2	3	3	6	25	33	0	19	4	94	490
Pittsburgh.....	7	3	2	3	17	28	0	12	0	22	180
Reading.....	1	-----	1	0	2	1	0	2	0	1	28
Scranton.....	0	-----	-----	0	-----	12	0	-----	0	6	-----
Ohio:											
Cincinnati.....	3	-----	3	2	22	13	0	7	0	4	169
Cleveland.....	0	14	3	6	23	33	0	2	0	44	197
Columbus.....	0	1	1	0	7	9	0	2	0	1	94
Toledo.....	0	-----	0	2	6	21	0	4	0	14	82
Indiana:											
Anderson.....	0	-----	0	0	1	4	0	0	0	0	6
Fort Wayne.....	2	-----	0	2	4	8	0	0	0	0	28
Indianapolis.....	0	-----	1	2	18	22	13	2	0	0	123
South Bend.....	0	-----	0	0	2	1	0	0	0	7	18
Terre Haute.....	0	-----	0	0	0	7	0	0	0	0	19
Illinois:											
Alton.....	0	-----	0	1	2	1	0	0	0	0	11
Chicago.....	18	9	2	12	48	142	0	40	0	223	774
Elgin.....	0	-----	0	0	0	3	0	0	0	3	7
Moline.....	0	-----	0	0	1	2	0	0	0	2	12
Springfield.....	0	-----	0	0	2	6	0	0	0	0	23
Michigan:											
Detroit.....	9	-----	0	8	27	132	0	12	1	108	274
Flint.....	0	-----	0	95	8	29	0	1	0	2	29
Grand Rapids.....	0	-----	0	0	4	21	0	0	0	5	31

¹ Figures for Boise, Idaho, estimated; report not received.

City reports for week ended December 31, 1938—Continued

State and city	Diph- theria cases	Influenza		Meas- les cases	Pneu- monia deaths	Scar- let fever cases	Small- pox cases	Tuber- culosis deaths	Ty- phoid fever cases	Whoop- ing cough cases	Deaths, all causes
		Cases	Deaths								
Wisconsin:											
Kenosha.....	0		0	0	1	5	0	1	0	8	13
Milwaukee.....	0	1	1	3	8	55	0	1	1	105	96
Racine.....	0		0	0	0	4	0	1	0	6	13
Superior.....	0		0	0	0	3	0	0	0	0	11
Minnesota:											
Duluth.....	0		1	1	2	2	0	1	0	2	20
Minneapolis.....	0		0	42	2	29	0	1	0	3	100
St. Paul.....	3		0	343	6	15	0	3	0	0	59
Iowa:											
Cedar Rapids.....	0			0		1	0		0	0	
Davenport.....	1			0		8	2		0	0	
Des Moines.....	0		0	0	0	21	0	0	0	0	31
Sioux City.....	0			60		1	0		1	2	
Waterloo.....	3			0		4	0		0	0	
Missouri:											
Kansas City.....	1		0	0	16	10	1	5	0	0	120
St. Joseph.....	0		0	0	7	0	0	0	0	0	34
St. Louis.....	2		1	2	17	19	1	10	0	7	206
North Dakota:											
Fargo.....	0		0	3	1	1	0	0	0	0	7
Grand Forks.....	0			0		0	0		0	0	
Minot.....	0		0	34	0	0	0	0	0	0	4
South Dakota:											
Aberdeen.....	0			0		0	1	0		0	
Sioux Falls.....	0		0	196	0	0	0	0	0	0	10
Nebraska:											
Omaha.....	0		0	2	1	0	0	3	0	0	55
Kansas:											
Lawrence.....	0	1	0	0	0	0	0	0	0	1	6
Topeka.....	0	1	1	0	7	2	0	0	0	0	32
Wichita.....	1		0	0	4	2	0	1	0	0	45
Delaware:											
Wilmington.....	0		0	0	9	4	0	0	0	0	29
Maryland:											
Baltimore.....	1	8	3	134	23	10	0	9	1	19	220
Cumberland.....	0		0	0	0	0	0	0	0	0	18
Frederick.....	0		0	0	0	1	0	0	0	0	2
Dist. of Col.:											
Washington.....	1	7	3	1	16	5	0	6	0	12	154
Virginia:											
Lynchburg.....	1		2	0	0	1	0	0	0	12	18
Norfolk.....	1	8	0	0	7	3	0	0	0	1	29
Richmond.....	0		1	0	4	3	0	2	1	5	65
Roanoke.....	0		0	1	2	3	0	0	0	0	24
West Virginia:											
Charleston.....	0		0	0	1	2	0	0	0	0	12
Huntington.....	3			0		0	0		0	0	
Wheeling.....	0		0	0	1	0	0	2	0	4	28
North Carolina:											
Gastonia.....	0			0		0	0		0	0	
Raleigh.....	0		0	1	1	1	0	0	0	0	9
Wilmington.....	1		0	0	0	0	0	0	1	5	10
Winston-Salem.....	0		0	7	1	0	0	0	0	0	14
South Carolina:											
Charleston.....	0	25	0	0	2	2	0	0	0	0	15
Greenville.....	0		0	1	2	0	0	0	0	0	14
Georgia:											
Atlanta.....	5	2	2	0	20	3	0	4	0	1	96
Brunswick.....	0		0	1	0	0	0	0	0	0	4
Savannah.....	0	21	3	4	3	0	0	1	0	1	43
Florida:											
Miami.....	0		0	0	5	0	0	0	0	1	42
Tampa.....	0		0	2	5	1	0	3	1	2	37
Kentucky:											
Ashland.....	0		0	0	1	0	0	0	0	0	9
Covington.....	1	1	0	0	2	11	0	1	0	0	22
Lexington.....	0		0	0	0	2	0	0	0	0	19
Louisville.....	1		2	3	4	14	0	6	0	0	135
Tennessee:											
Knoxville.....	1	2	2	0	5	1	0	0	0	2	34
Memphis.....	2		1		4	10	0	3	0	1	59
Nashville.....	2		1	0	3	2	0	2	0	4	69
Alabama:											
Birmingham.....	1	8	0	1	10	6	0	3	0	0	79
Mobile.....	1		2	0	4	1	0	2	0	0	20
Montgomery.....	0			0		2	0		0	0	

City reports for week ended December 31, 1938—Continued

State and city	Diphtheria cases	Influenza		Measles cases	Pneumonia deaths	Scarlet fever cases	Smallpox cases	Tuberculosis deaths	Typhoid fever cases	Whooping cough cases	Deaths, all causes
		Cases	Deaths								
Arkansas:											
Fort Smith.....	0			0		2	0		0	0	
Little Rock.....	0		0	0	4	0	0	0	0	0	5
Louisiana:											
Lake Charles.....	0		0	0	1	0	0	0	0	0	4
New Orleans.....	6	7	3	20	18	6	0	4	3	4	142
Shreveport.....	2		0	1	8	3	0	3	0	0	45
Oklahoma:											
Oklahoma City.....	0		0	0	8	3	0	0	0	0	56
Tulsa.....	0			1		2	0		0	0	
Texas:											
Dallas.....	2	1	1	0	3	8	0	3	0	0	61
Fort Worth.....	0		0	2	8	1	0	2	0	0	52
Galveston.....	0		0	0	1	1	0	0	0	0	12
Houston.....	1		0	0	13	4	0	4	0	0	86
San Antonio.....	0	2	3	0	14	1	0	7	0	0	66
Montana:											
Billings.....	0		0	69	0	0	0	0	0	0	12
Great Falls.....	0		0	1	1	6	0	0	0	0	10
Helena.....	0		0	2	0	0	0	1	0	0	3
Missoula.....	0		0	0	0	1	0	0	0	1	9
Idaho:											
Boise.....											
Colorado:											
Colorado											
Spring.....	0		0	2	2	0	0	1	0	0	12
Denver.....	3		0	1	12	3	0	0	0	14	99
Pueblo.....	0		1	2	2	8	0	0	0	0	7
New Mexico:											
Albuquerque.....	0		0	0	3	1	0	2	0	2	12
Utah:											
Salt Lake City.....	0		0	0	2	4	0	0	0	3	18
Washington:											
Seattle.....	0		0	0	7	7	0	3	0	4	121
Spokane.....	0	1	1	13	1	4	0	0	0	0	21
Tacoma.....	0		0	0	2	3	0	0	0	8	32
Oregon:											
Portland.....	0	2	0	5	4	4	0	1	0	0	93
Salem.....	0			1		8	0		0	1	
California:											
Los Angeles.....	15	8	1	17	18	45	0	20	0	11	342
Sacramento.....	1		0	0	5	0	2	3	0	0	35
San Francisco.....	4		0	506	12	12	0	0	0	27	183

State and city	Meningitis, meningococcus		Polio-myelitis cases	State and city	Meningitis, meningococcus		Polio-myelitis cases
	Cases	Deaths			Cases	Deaths	
Massachusetts:				South Carolina:			
Worcester.....	1	0	0	Charleston.....	0	0	2
New York:				Georgia:			
Buffalo.....	1	1	0	Atlanta.....	0	0	1
New York.....	1	0	0	Kentucky:			
Pennsylvania:				Louisville.....	1	0	0
Pittsburgh.....	1	0	0	Tennessee:			
Ohio:				Nashville.....	2	0	0
Toldeo.....	1	1	0	Louisiana:			
Illinois:				New Orleans.....	1	1	0
Chicago.....	1	0	0	Shreveport.....	0	1	0
District of Columbia:				California:			
Washington.....	0	0	1	Los Angeles.....	1	1	0
				San Francisco.....	1	1	0

Encephalitis, epidemic or lethargic.—Cases: New York, 2.

Pellagra.—Cases: Charleston, S. C., 2; Savannah, 1; Los Angeles, 1.

Typhus fever.—Cases: Richmond, 2; Charleston, S. C., 1; Atlanta, 1; Savannah, 1; Dallas, 1; Los Angeles, 1.

FOREIGN AND INSULAR

FINLAND

Communicable diseases—November 1938.—During the month of November 1938, cases of certain communicable diseases were reported in Finland as follows:

Disease	Cases	Disease	Cases
Diphtheria.....	413	Poliomyelitis.....	94
Dysentery.....	3	Scarlet fever.....	590
Influenza.....	1,831	Typhoid fever.....	17
Paratyphoid fever.....	20	Undulant fever.....	6

IRISH FREE STATE

Vital statistics—Quarter ended September 30, 1938.—The following vital statistics for the Irish Free State for the quarter ended September 30, 1938, are taken from the Quarterly Return of Marriages, Births, and Deaths, issued by the Registrar General and are provisional:

	Num- ber	Rate per 1,000 pop- ulation		Num- ber	Rate per 1,000 popu- lation
Marriages.....	4,377	6.0	Deaths from—Continued.		
Births.....	14,715	20.0	Influenza.....	85	0.1
Total deaths.....	8,618	11.7	Measles.....	11	—
Deaths under 1 year.....	802	¹ 55	Puerperal sepsis.....	9	¹ 0.6
Deaths from:			Scarlet fever.....	14	—
Cancer.....	890	1.2	Tuberculosis (all forms).....	682	1.0
Diarrhea and enteritis (under 2 years).....	146	—	Typhoid fever.....	7	—
Diphtheria.....	68	—	Whooping cough.....	42	—

¹ Per 1,000 live births.

STRAITS SETTLEMENTS

Vital statistics—Year 1937.—During the year 1937, the following numbers of births and deaths have been reported in Straits Settlements:

	Number	Rate per 1,000		Number	Rate per 1,000
Population.....	1,245,739		Deaths from—Continued.		
Births.....	52,483	42.13	Homicide.....	34	
Deaths.....	27,974	22.45	Hookworm disease.....	33	
Deaths under 1 year.....	8,177	155.80	Influenza.....	174	
Maternal deaths.....	370	7.05	Leprosy.....	164	
Deaths from:			Lethargic encephalitis.....	2	
Accidents.....	371		Malaria.....	1,185	0.95
Beriberi.....	853	.60	Measles.....	6	
Bronchitis.....	625		Nephritis, acute and chronic.....	652	
Cancer.....	431		Pneumonia (all forms).....	2,712	2.18
Cerebrospinal fever.....	14		Poliomyelitis.....	1	
Cholera.....	113		Syphilis.....	217	
Convulsions, infantile.....	4,286		Smallpox.....	146	
Diabetes.....	88		Suicide.....	251	
Diarrhea and enteritis.....	1,373		Tetanus.....	2,464	
Diphtheria.....	88		Tuberculosis (all forms).....	110	
Dysentery.....	275		Typhoid fever.....	2	
Erysipelas.....	11		Typhus fever.....	19	
Heart disease.....	742		Whooping cough.....		

¹ Per 1,000 live births.

² Imported.

YUGOSLAVIA

Communicable diseases—4 weeks ended December 4, 1938.—During the 4 weeks ended December 4, 1938, certain communicable diseases were reported in Yugoslavia as follows:

Disease	Cases	Deaths	Disease	Cases	Deaths
Anthrax.....	30	1	Poliomyelitis.....	6	1
Cerebrospinal meningitis.....	14	3	Scarlet fever.....	476	4
Diphtheria and croup.....	866	35	Sepsis.....	13	1
Dysentery.....	32		Tetanus.....	18	5
Erysipelas.....	203	5	Typhoid fever.....	555	28
Favus.....	3		Typhus fever.....	8	
Paratyphoid fever.....	28	1			

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER

NOTE.—A table giving current information of the world prevalence of quarantinable diseases appeared in the PUBLIC HEALTH REPORTS for December 30, 1938, pages 2298-2309. A similar cumulative table will appear in future issues of the PUBLIC HEALTH REPORTS for the last Friday of each month.

Plague

Hawaii Territory—Island of Hawaii—Hamakua District.—Rats proved positive for plague have been found in Hamakua District, Island of Hawaii, Hawaii Territory, as follows: Hamakua Mill Sector—for the period November 29 to December 9, 1938, 23 rats; Paaupau Sector—November 29 and 30, 1938, 3 rats.

Siam—Tak urban area.—During the week ended December 31, 1938, 3 cases of plague were reported in Tak urban area, Siam.

United States—California.—A report of plague-infected fleas in San Benito and Santa Clara Counties, California, appears on page 88 of this issue of PUBLIC HEALTH REPORTS.

Smallpox

Dutch East Indies—Surabaya.—During the week ended December 17, 1938, 1 imported case of smallpox was reported in Surabaya, Dutch East Indies.

Yellow Fever

Ivory Coast—Angeles Plantation.—On December 17, 1938, 1 case of yellow fever with 1 death was reported at Angeles Plantation, near Akoupe, Ivory Coast.